

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**AMERICAN HOSPITAL ASSOCIATION**(b) Address (number and street) ☐ check if different than previously reported325 SEVENTH STREET NW  
SUITE 700

(c) City, State and ZIP Code

WASHINGTON

DC

20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number**

C C30001788

**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M /  
03D D D /  
31Y Y Y Y Y Y /  
2010

through

M M M /  
04D D D /  
05Y Y Y Y Y Y /  
2010**5. (a) Date of Public Distribution(s)**M M M /  
04D D D /  
05Y Y Y Y Y Y /  
2010(b) Communication Title Notes**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Melinda Hatton

(b) Address (number and street)

325 Seventh Street NW  
Suite 700

(c) City, State and ZIP Code

Washington

DC

20004

(d) Name of Employer or Principal Place of Business

American Hospital Association

(e) Occupation

General Counsel

**9. Total Donations This Statement**

.00

**10. Total Disbursements/Obligations This Statement**

209250.42

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Melinda Hatton

SIGNATURE

Melinda Hatton

[Electronically Filed]

DATE

04/16/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.